

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11392

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 443
(b) Township Missouri Primary Registration District No. 5559-C
(c) City WEBB CITY (d) Street No. T.B. HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 610 George Kirby
704 Reno St. West City
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Kirby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1899
7. AGE YEARS 40 MONTHS 4 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Galena Kan
(STATE OR COUNTRY)

FATHER 13. NAME James E. Leeper

14. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ernestine Adkins

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 3-5-40

19. FUNERAL DIRECTOR (NAME) Shankill Dillon
(ADDRESS) Joplin Mo

20. FILED MCH. 5, 40, 19 37 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1939, to Mar 3, 1940.

I last saw him alive on Mar 3, 1940. Death is said

to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Other contributory causes of importance: 22

Name of operation Pneumothorax Date of 1939

What test confirmed diagnosis? Asper Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur? - (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
If so specify -

(Signed) John E. Danyon M. D.
West City Mo

RECEIVED

District Health Officer No. 6,

District File Number 440-927

Date Filed APR 4 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.